STATE OF CALIFORNIA

CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD

Base Year Modification Request Certification

Part 1: Generation Study - No Extrapolation Diversion Data

To request a substitution for a previously approved base-year used in calculating the diversion rate for your jurisdiction, please complete and sign this form and return it to your Office of Local Assistance (OLA) representative at the address below, along with any additional information requested by OLA staff. When all documentation has been received, your OLA representative will work with you to prepare for your appearance before the Board. If you have any questions about this process, please call (916) 341-6199 to be connected to your OLA representative.

Mail completed documents to:

California Integrated Waste Management Board Office of Local Assistance 1001 I Street, 9th Floor PO Box 4025 Secremento, CA 95812-4025

deliate iteracions.
Please select the ONE choice below that best explains your request to the Board.
1. Use a recent generation-based study to calculate our current reporting-year
generation amount, but not officially change our existing Board-approved base year
2. Use a recent generation-based study to officially change our
existing Board-approved base year to a new base year.
The shaded cells on these sheets are protected. If you have problems
using these sheets, please contact your Office of Local Assistance representative.

or in term off of	and that I am authorized to m	ake this certificat	ion an be	half of:	set to the best of my
Jurisdiction Neme			County		
City of Sand City			Monterey		
Koll Morsan			Title Oity Administrator		
TypeMPHYCN Spe of Parson Storing Mr. Kelly Mcgdin			Date Phone () Include Area Code		
			21- .tun-01 (831)		831)394-3054;r12
Person Completing This Form (places print or type)			Titis Associate Planner		
Charles Pools	<u> </u>				
Affiliation:	r/a				
Melling Address		Oi	Oity		ZIP Code
1 Sylvein Park Se		Sand City	· · · · · · · · · · · · · · · · · · ·	CA	93855